

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006007

FILED
May 01, 2006
Secretary of State

Entity Name: SERENITY COMMUNITY OUTREACH SERVICES, INC.

Current Principal Place of Business:

P O BOX 794
OCALA, FL 34478

New Principal Place of Business:

Current Mailing Address:

P O BOX 1114
TAVARES, FL 32778

New Mailing Address:

P O BOX 794
OCALA, FL 34478

FEI Number: 20-0093942 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

STOFFEL, RENEE
810 N. NEW HAMPSHIRE AVE
TAVARES, FL 32778 US

Name and Address of New Registered Agent:

ALBRITTON, TINA
1515 NE 22ND AVE
OCALA, FL 34470 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: TINA ALBRITTON

05/01/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ALBRITTON, TINA
Address: 7575 WEST HWY 326
City-St-Zip: OCALA, FL 34482

Title: VD () Delete
Name: ALBRITTON, DAVID D
Address: 7575 WEST HWY 326
City-St-Zip: OCALA, FL 34482

Title: SD () Delete
Name: ALBRITTON, TINA
Address: 7575 WEST HWY 326
City-St-Zip: OCALA, FL 34482

Title: TD () Delete
Name: ALBRITTON, CHRISTOPHER D
Address: P O BOX 794
City-St-Zip: OCALA, FL 34478

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TINA ALBRITTON

PD

05/01/2006

Electronic Signature of Signing Officer or Director

Date